

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	(6)	10331	
O.I.P.E. CLASSIFIER	/A		
FORMALITY REVIEW	C.Y.C.	TC530	10-19-00
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral).... Canceled A ..... Appeal  
 + ..... Restricted O ..... Objected

Claim	Date
Final	Original
1	5/24
2	0
3	0
4	0
5	0
6	✓
7	✓
8	✓
9	✓
10	✓
11	✓
12	✓
13	✓
14	✓
15	✓
16	✓
17	✓
18	✓
19	✓
20	✓
21	✓
22	✓
23	0
24	0
25	0
26	0
27	0
28	✓
29	✓
30	✓
31	✓
32	✓
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34	✓
35	✓
36	✓
37	✓
38	✓
39	✓
40	✓
41	✓
42	✓
43	✓
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Claim	Date
Final	Original
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Claim	Date
Final	Original
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If more than 150 claims or 10 actions  
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Best Available Copy